PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTA For FY 2005

Applicant claims small entity status.	See 37	CFR 1.27
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OTAL AMOUNT OF PAYMENT	(\$)	310.00
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Complete if Known				
Application Number	09/995,303			
Filing Date	11/27/2001			
First Named Inventor	Robert C. Beck			
Examiner Name	Matthew F. DeSanto			
Art Unit	3763			
Attorney Docket No.	2446			

METHOD OF PAYMEN	IT (check a	l that apply)					
Check Credit Card Money Order None Other (please identify):							
Deposit Account	Deposit Accour	nt Number: <u>50024</u>	6	Deposit A	Account Name:_	Beck & Tys	ver, P.L.L.C.
For the above-iden	tified deposit	account, the Dire					
Charge fee(s	s) indicated b	elow		Char	ae fee(s) indic	ated below ex	cept for the filing fee
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under 37 CF	R 1.16 and 1	.17		٠.٠٠ لــــا	it any overpay		
WARNING: Information on th information and authorization			dit card inforr	nation should i	not be included	on this form. P	rovide credit card
FEE CALCULATION							
1. BASIC FILING, SEA	RCH AND	FXAMINATION	FFFS	<u> </u>			
i. DAGIO FILINO, GLA	FILING	FEES	SEARCI	H FEES	EXAMINA	TION FEES	
Application Type	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	<u>Fee (\$)</u> 150	500	Fee (\$) 250	200	100	
Design	200	100	100		130	65	
, and the second				50		•	
Plant	200	100	300	150	160	80	<u> </u>
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Small Entity							
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025					25		
					100		
Multiple dependent claims 360 180				180			
Total Claims				ependent Claims			
20 or HP =		_ ''	_=			Fee (\$)	Fee Paid (\$)
HP = highest number of total	al claims paid f Extra Clair	. •	Fee Pa	id (\$)			
- 3 or HP =	LXII a Olali	χ <u>1 ee τω</u> τ	=	10 (4)			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)							
Other (e.g., late filir	,	`	•	•	of Time (small	entity)	310.00

SUBMITTED BY	0		
Signature	16lest 213M	Registration No. (Attorney/Agent) 28,184	Telephone 612-915-9633
Name (Print/Type)	Robert C. Beck		Date July 20 2005

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number & TRADEMA 09/995.303 TRANSMITTAL Filing Date 11/27/2001 First Named Inventor **FORM** Robert C. Beck Art Unit 3763 **Examiner Name** Matthew F. DeSanto (to be used for all correspondence after initial filing) Attorney Docket Number Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC 1 Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Return Postcard Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name BECK & TYSVER, P.L.L.C. Signature Printed name Robert C. Beck Date Reg. No. 28.184

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name Robert C. Beck

Date They 20, 200

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